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	APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
	10/643,487	08/19/2003	Peter H. Soderberg	281_382NP.	5437
	20874 7590 09/19/2007 MARJAMA MULDOON BLASIAK & SULLIVAN LLP 250 SOUTH CLINTON STREET SUITE 300 SYRACUSE, NY 13202		EXAMINER		
			ASTORINO, MICHAEL C		
				ART UNIT	PAPER NUMBER
				3736	
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				09/19/2007	PAPER

Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

	Application No.	Applicant(s)
Interview Summary	10/643,487	SODERBERG ET AL.
interview Summary	Examiner	Art Unit
	Michael C. Astorino	3736
All participants (applicant, applicant's representative, PTO	personnel):	
(1) Michael C. Astorino.	(3)	
(2) <u>Peter Bilinski</u> .	(4)	
Date of Interview: <u>14 September 2007</u> .		
Type: a)⊠ Telephonic b)□ Video Conference c)□ Personal [copy given to: 1)□ applicant	2) applicant's representative	e]
Exhibit shown or demonstration conducted: d) Yes If Yes, brief description:	e)⊠ No.	
Claim(s) discussed: independent claims.		
Identification of prior art discussed: applied prior art.		
Agreement with respect to the claims f) was reached.	g)∏ was not reached. h)⊠ N	I/A.
Substance of Interview including description of the general reached, or any other comments: <u>Examiner discussed pre</u> <u>Examiner provided suggestions to overcome to the applie</u>	vious office action with Applica	
(A fuller description, if necessary, and a copy of the amenallowable, if available, must be attached. Also, where no allowable is available, a summary thereof must be attached.	copy of the amendments that w	
THE FORMAL WRITTEN REPLY TO THE LAST OFFICE A INTERVIEW. (See MPEP Section 713.04). If a reply to the GIVEN A NON-EXTENDABLE PERIOD OF THE LONGER INTERVIEW DATE, OR THE MAILING DATE OF THIS INTERVIEW DATE, OR THE SUBSTANCE OF THE INTERVIEW ON reverse side or on attached sheet.	e last Office action has already R OF ONE MONTH OR THIRTY TERVIEW SUMMARY FORM,	been filed, APPLICANT IS Y DAYS FROM THIS WHICHEVER IS LATER, TO
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Examiner Note: You must sign this form unless it is an Attachment to a signed Office action.

Examiner's signature, if required